

To whom it may concern,

I am thrilled that the issue of food allergy management in Ct schools is being investigated and addressed, so thank you for your work on this matter. It is an area in need of vast improvement. I will speak a bit about my personal experiences in fighting for my children's safety and inclusion in their public schools, and the frustration of the battles coupled with settling for inadequate solutions that compromise these basic principals. As a nurse myself I have immense frustration with the onus on parents in many cases to both explain, decipher, request, and sometimes implore school districts to follow medical best practice. To say nothing of the financial expenses incurred and time spent in the process, for many.

I have three children, two of whom have multiple complex medical issues. Food allergies are but a small part of our medical picture. Part of their other diagnoses include medically prescribed very restrictive diets, as their esophagi are inflamed and narrowed. Food elimination has been a very difficult thing for both of them as you can imagine. However, nothing prepared us for the difficulties we would face in their school. Our challenges have been multi-faceted, but food issues have been significant. I have found that despite good intentions and many compassionate staff members, there is an egregious lack of understanding and implementation of food allergy protocol, CDC guidelines, and inclusion definitions. In our school district, we've continually dealt with a "plan as we want, deal with special needs later" attitude. Repeatedly, we've been forced to figure out for ourselves how best to "partially" include our daughter, particularly on field trips. A stunningly high percentage of field trips in our district include gratuitous food offerings, some as treat/reward – despite the steadily increasing number of students each year who cannot participate due to medical restrictions including food allergies – and despite a written district regulation stating that curriculum/school day activities will be food-free if all cannot partake. Year after year, situation after situation, we educate and contest multiple trips, events, fundraisers, parties etc – that exclude our children by their very nature. We attempt to do this in good spirit. We are well versed in the law, but feel that many school staff are not; we also feel that there is a discord between general perception of "allergies"- and their necessary protocol to minimize risk – and the data-derived national guidelines that outline quite nicely, best general practice. We feel that there is somewhat of a "backlash" surrounding the issue of food allergies in schools, and too much discretion is given to districts to implement risk reduction strategies. It's outlined by the CDC – why not standardize school district protocol in some way and require policies stating so? Individual plans can and would still be tailored and expand upon generalized protocol, but given the sheer number (growing exponentially) of food-restricted students and the potential consequences of poor/absent risk reduction strategies, standardized district policies based on national guidelines seem like a good idea. Community "pushback" related to strategies to keep students safe should have no bearing on their implementation, but yet it seems that public misconceptions, misinformation and sentiment surrounding food allergies guide and inform many school decisions. Why are we allowing a different handling of food allergies in our schools vs other special needs and student safety issues?

It is imperative that school nurses, administrators, and 504 personnel receive more comprehensive training on the issue of food allergies and special needs inclusion. Empower school staff with the knowledge they need about their students to best include them and keep them safe. Empower them with medical facts, best practice guidelines, and basic SPED training

to understand inclusion models. Time and money are ultimately saved when plans are made proactively and smartly, averting both safety issues and contention with parents.

Summarily, no family or parent should be forced to fight these battles for basic safety and inclusion of their children in public schools. The state of Ct has the opportunity with this task force to examine carefully where and how to improve the lives of many children and families. The data needs to be interpreted with an understanding of the full scope of impact of food allergies or restricted diets on these affected children and families. One can easily measure anaphylaxis rates and costs associated with certain issues; it is harder but imperative to try to grasp and qualify and quantify the abstract sequelae of food-related special needs. The psychosocial costs of exclusion are immeasurable. The stress on already-stressed parents is incalculable. The close-calls with safety are inestimable. The lens with which this issue is viewed by the CT task force needs to be wide, and I implore you to really see the gaping holes in food allergy management in CT schools - and close them. Our children's lives depend on it.

Thank you for your time,

Christina Ilardi

Sent from [Mail](#) for Windows 10